

Village Form C-1

File With
Dept. of Taxation
P.O. Box 156
Covington, OH 45318

VILLAGE OF COVINGTON INCOME TAX
RETURN OF INCOME TAX WITHHELD
On Salaries, Wages and Other Compensation

DUPLICATE

For period from _____ to _____

DUPLICATE RETURN: Do not file this copy with the
Administrator of Taxation

The original copy should be filed according to the instructions on the back hereof.
If no tax was withheld, please explain on the original of this return and forward to
the:

Dept. Of Taxation
P.O. Box 156
Covington, Ohio 45318

1. Total Tax withheld during period_ _ \$ _____

2. Adjustment to prior returns_ _ _ _ \$ _____

3. Total payable herewith_ _ _ _ _ \$ _____

*Make check or money-order payable to Village of Covington
Tax Department. If No Tax Was Withheld Please Indicate
None and Return.*

**THIS COPY
MUST BE KEPT
BY EMPLOYER**

Penalty \$ _____

Interest \$ _____

Total \$ _____

(C) The failure of any employer to receive or procure Form C-1 shall not excuse him from making this return or from paying the tax.

(B) Delinquent payments shall be liable to a penalty 1/2 of 1% per month. In addition for failure to remit taxes withheld from employees 5% per month, or fraction thereof, shall be assessed.

(A) Returns and payments shall be made on a quarterly basis, and are due on or before the last day of the following month.

1. Each employer within the Village of Covington, Ohio, who employs one or more persons is required to withhold the tax of 1 1/2% percent from all compensation paid to employees at the time such compensation is paid, and pay the amount withheld to the Dept. of Taxation, P.O. Box 156, Covington, Ohio, in accordance with the following instructions:

GENERAL INFORMATION

Village Form C-1 File With Dept. of Taxation P.O. Box 156 Covington, OH 45318		VILLAGE OF COVINGTON INCOME TAX RETURN OF INCOME TAX WITHHELD On Salaries, Wages and Other Compensation		ORIGINAL						
For period from_____to_____										
<p>I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete return, made in good faith, pursuant to Village of Covington Income Tax Ordinance and the Regulations issued under the authority thereof.</p> <p>(Signed) _____ (Corporation, Business, or Trade Name)</p> <p>By_____Date_____</p> <div><p>Please print your business name and address as you wish to show on our records.</p></div>		<p>1. Total Tax withheld during period_ _ \$_____</p> <p>2. Adjustment to prior returns_ _ _ _ \$_____</p> <p>3. Total payable herewith_ _ _ _ _ \$_____</p> <p><i>Make check or money-order payable to Village of Covington Tax Department. If No Tax Was Withheld Please Indicate None and Return.</i></p> <table><tr><td></td><td>Penalty \$_____</td></tr><tr><td></td><td>Interest \$_____</td></tr><tr><td></td><td>Total \$_____</td></tr></table>				Penalty \$_____		Interest \$_____		Total \$_____
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